

Amendment Transmittal Letter

Docket Number

WSP243US

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Title of Invention

COMBINED COSMETIC OR THERAPEUTIC PREPARATION

First Named Inventor **Gabriele Blume**

Application No. **10/579,121**

Filing Date **May 10, 2006**

Examiner **Sheridan R. Macauley**

Art Unit **1651**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

Applicant claims Small Entity Status. See 37 CFR 1.27.

Fee Calculation

Claims as Amended

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	19	- 20 =		x 26 =	
Total Indep. Claims	1	- 3 =		x 110 =	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
					TOTAL \$0

Method of Payment

Deposit Account Credit Card Check Money Order Other: Online Credit Card Payment

Deposit Account Number **50-0822**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge the fee(s) set forth above
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Charge fee(s) indicated above, **except for the filing fee**
 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

Amount Grand Total **\$0**

Amendment Transmittal Letter

Docket Number

WSP243US

Correspondence Address

Customer Number **49003****-OR-**

Name

Address

City

Country

Phone Number

E-mail Address

State

Postal Code

Certificate of Mailing by Express Mail

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

("Express Mail" Mailing Label Number)

Certificate of Mailing by First Class Mail

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

(Date of Mailing)

(Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

Certificate of Transmission

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

(Date of Transmission)

(Name of Person Transmitting Correspondence)

(Signature of Person Transmitting Correspondence)

Signature Instructions

Select the name of the person who will electronically sign the Amendment from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

**Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission.
If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.**

Signatory Drop-Down Box

Dunn, Michael L.

Name	Michael L. Dunn		Registration Number	25,330
Signatory Capacity	Attorney for Applicant(s)		E-mail Address	
eSign	/Michael L. Dunn/		Date Signed	02/25/2010